

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known		
Fee TRANSMITTAL For FY 2008		Application Number	10/049,327-Conf. #3596	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 10, 2000	
		First Named Inventor	Jay M. Meythaler	
		Examiner Name	L. M. Williams	
		Art Unit	1617	
TOTAL AMOUNT OF PAYMENT	(\$)	465.00	Attorney Docket No.	UAB-15102/22

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number: 07-1180		Deposit Account Name: Gifford, Krass, Sprinkle, Anderson & Cirkowski, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>	
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>	
<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25
210	105
370	185

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
7	- 54 =	x	=	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
3	- 7 =	x	=

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(u)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2251 Extension for response within first month 60.00
2801 Request for continued examination (RCE) (see 37 ... 405.00**SUBMITTED BY**

Signature	/Avery N. Goldstein, Ph.D./	Registration No. (Attorney/Agent)	39,204	Telephone	(248) 647-6000	
Name (Print/Type)	Avery N. Goldstein, Ph.D.				Date	March 13, 2008

AMENDMENT TRANSMITTAL LETTER

Docket No.
UAB-15102/22

Application No.
10/049,327-Conf. #3596

Filing Date
August 10, 2000

Examiner
L. M. Williams

Art Unit
1617

Applicant(s): Jay M. Meythaler et al.

Invention: Method of treating traumatic brain and spinal cord injuries and other neurogenic conditions using non-steroidal anti-inflammatory drugs and naturally occurring conotoxins

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	7	- 34 =	0	x 25.00	0.00
Independent Claims	3	- 4 =	0	x 105.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

 Large Entity

 Small Entity

 No additional fee is required for this amendment.

 Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

 A check in the amount of \$ _____ to cover the filing fee is enclosed.

 Payment by credit card. Form PTO-2038 is attached.

 The Director is hereby authorized to charge and credit Deposit Account No. 07-1180
as described below. A duplicate copy of this sheet is enclosed.

 Credit any overpayment.

 Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

/Avery N. Goldstein, Ph.D./

Dated: March 13, 2008

Avery N. Goldstein, Ph.D.

Attorney/Agent Reg. No.: 39,204

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